

NEW YORK STATE BAR ASSOCIATION

ACCOMMODATIONS REQUEST FORM

PERSONAL INFORMATION:

Please print or type names of **all persons** who will occupy the room.

Name (s) _____

Children's Names _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____

HOTEL ROOM INFORMATION:

All guestrooms are NON-SMOKING. Guests will incur a \$250 penalty for each breach of rule. Rates are good 3 day pre and post meeting.

_____ \$285.00 per night*, Standard Room, Single/Double

_____ \$385.00 per night*, Suite, Single/Double

_____ Number of Adults _____ Number of children

_____ Rollaway or Day Bed Required for Child/Children

Rates include continental breakfast served 7 am - 10 am in the Hotel restaurant.

Arrival date: _____ Departure date: _____

Check-In Time 4:00 p.m. Check-Out Time 12 noon

***Additional Daily Charges:** A charge of \$2.00 per day will be added to room rates to cover gratuities for housekeeping personnel. In addition, a 12% occupancy and tourism tax will be applied to the above rates.

PAYMENT INFORMATION:

Only credit cards are acceptable for deposits.

Charge \$ _____ to American Express Discover

MasterCard Visa Expiration date _____

Card number: _____

Authorized Signature _____

Trial Lawyers Section Summer Meeting

July 27 - July 30, 2014

MacArthur Place Inn & Spa
Sonoma, CA

HOTEL RESERVATIONS MUST BE MADE USING THIS FORM

Cut-Off Date - June 25, 2014

Reservations received after the above date will be accepted on a **space /rate** availability basis and cannot be guaranteed at the conference rate. Please register early!

Deposit/Cancellation Policy:

One night stay requires one night deposit. Reservations of two nights or more must be secured with a deposit equal to two night's room rate. **Cancellations less than 14 days prior to date of arrival and late arrivals/early departures will be responsible for full payment of original reserved length of stay.**

Additional Children/Adult Rate:

For each additional adult or child sharing a room (over two people), there will be an additional charge of \$25.00 per night plus tax.

Please Note:

Reservations must be made by mail or fax using this form only. Online and phone reservations made directly with the Inn **will not** be accepted. Meeting registration form and fee(s) must accompany this form.

Please return this form with deposit to:

Catheryn Teeter
Meetings Representative
New York State Bar Association
One Elk Street
Albany, New York 12207
Phone: 518.487.5573
Fax: 518.463.5993
Email: cteeter@nysba.org

